

EXHIBIT 19

Re: Disability Letter

We are in receipt of information from your employer indicating that you stopped working because you are disabled. In order for your health coverage to continue, we must have the proof of your disability statement below completed by your attending physician.

The completed form should be mailed or faxed to Railroad Enrollment Services.
The mailing address and fax number are:

Railroad Enrollment Services
PO Box 30775
Salt Lake City, UT 84130-0775
Fax #: (248) 733-6080

**IF THIS PROOF OF DISABILITY IS NOT RECEIVED, YOUR COVERAGE
WILL BE TERMINATED.**

If you have questions, please call Railroad Enrollment Services at (800) 753-2692.

TO BE COMPLETED BY ATTENDING PHYSICIAN:

Please put Union Pacific
employee id here:

0408640

I certify that Jason Campbell has been disabled from performing his/her
regular occupation from 4/30/18 (Date) to 12/31/2050 (Date)
due to the following condition(s):

Reportable Health Condition -
Vision

Is the employee permanently disabled from his/her regular occupation? YES ☒ NO ☐
(Please circle one.)

If no, please give us an estimated return to work date 12/31/2050, or
the date of his/her next appointment with you _____

Joan Holland MD MPH

5/22/18

UNION PACIFIC RAILROAD
Physician's Signature

Date

HEALTH & MEDICAL SERVICES IS AM NOT THE TREATING PHYSICIAN. THIS
400 DOUGLAS STREET #0350 FORM COMPLETED IN MY CAPACITY AS MEDICAL
OMAHA, NE 68179-0350 DIRECTOR FOR THE UNION PACIFIC RAILROAD.